



ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2015
OF THE CONDITION AND AFFAIRS OF THE
Trusted Health Plan (District of Columbia), Inc.

NAIC Group Code	0000 (Current Period)	0000 (Prior Period)	NAIC Company Code	14225	Employer's ID Number	45-2375150
Organized under the Laws of	District of Columbia		State of Domicile or Port of Entry	District of Columbia		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	05/16/2011		Commenced Business	07/01/2013		
Statutory Home Office	1100 New Jersey Avenue SE Suite 840 (Street and Number)		Washington, DC, US 20003 (City or Town, State, Country and Zip Code)			
Main Administrative Office	1100 New Jersey Avenue SE Suite 840 (Street and Number)		Washington, DC, US 20003 (City or Town, State, Country and Zip Code)			
Mail Address	1100 New Jersey Avenue SE Suite 840 (Street and Number or P.O. Box)		Washington, DC, US 20003 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	Washington, DC, US 20003 (City or Town, State, Country and Zip Code)		(202)821-1100 (Area Code) (Telephone Number)			
Internet Website Address	www.trustedhp.com		(202)821-1070 (Area Code)(Telephone Number)(Extension)			
Statutory Statement Contact	Cleveland Eugene Slade (Name)		(202)821-1099 (Area Code)(Telephone Number)(Extension)			
	cslade@trustedhp.com (E-Mail Address)		(202)821-1099 (Fax Number)			

OFFICERS

Name	Title
Thomas Michael Duncan	CEO
Cleveland Eugene Slade	CFO
Richard Eugene Gillette	COO
Douglas MacArthur Redd	CIO #

OTHERS

DIRECTORS OR TRUSTEES

Dennis Sean Ellis Eddie Leon Hall Bruce Robert Keiser	Thomas Michael Duncan Jack NMN Martin
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State of _____
County of _____ ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Thomas Michael Duncan	Cleveland Eugene Slade	Richard Eugene Gillette
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
Chief Executive Officer	Chief Financial Officer	Chief Operating Officer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this _____ day of _____, 2016	a. Is this an original filing? b. If no, 1. State the amendment number 2. Date filed 3. Number of pages attached	Yes[X] No[] _____ _____ _____
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(Notary Public Signature)

ASSETS

		Current Year			Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
1.	Bonds (Schedule D)				
2.	Stocks (Schedule D)				
2.1	Preferred stocks				
2.2	Common Stocks				
3.	Mortgage loans on real estate (Schedule B):				
3.1	First liens				
3.2	Other than first liens				
4.	Real estate (Schedule A):				
4.1	Properties occupied by the company (less \$.....0 encumbrances)				
4.2	Properties held for the production of income (less \$.....0 encumbrances)				
4.3	Properties held for sale (less \$.....0 encumbrances)				
5.	Cash (\$.....37,236,745, Schedule E Part 1), cash equivalents (\$.....0, Schedule E Part 2) and short-term investments (\$.....0, Schedule DA)	37,236,745		37,236,745	21,698,191
6.	Contract loans (including \$.....0 premium notes)				
7.	Derivatives (Schedule DB)				
8.	Other invested assets (Schedule BA)				
9.	Receivables for securities				
10.	Securities Lending Reinvested Collateral Assets (Schedule DL)				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	37,236,745		37,236,745	21,698,191
13.	Title plants less \$.....0 charged off (for Title insurers only)				
14.	Investment income due and accrued				
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection	1,639,436		1,639,436	3,818,672
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including \$.....0 earned but unbilled premiums)				
15.3	Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0)				
16.	Reinsurance:				
16.1	Amounts recoverable from reinsurers				
16.2	Funds held by or deposited with reinsured companies				
16.3	Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans				
18.1	Current federal and foreign income tax recoverable and interest thereon				
18.2	Net deferred tax asset	318,658	259,712	58,946	35,948
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software	367,065	274,500	92,565	220,748
21.	Furniture and equipment, including health care delivery assets (\$.....0)	173,500	173,500		
22.	Net adjustment in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates				
24.	Health care (\$.....819,669) and other amounts receivable	819,669		819,669	200,803
25.	Aggregate write-ins for other than invested assets	175,063	175,063		
26.	TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	40,730,136	882,775	39,847,361	25,974,362
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	TOTAL (Lines 26 and 27)	40,730,136	882,775	39,847,361	25,974,362
DETAILS OF WRITE-INS					
1101.	.....			
1102.	.....			
1103.	.....			
1198.	Summary of remaining write-ins for Line 11 from overflow page				
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.	Prepaid Expenses	108,197	108,197		
2502.	Employee Advances	1,559	1,559		
2503.	Deposits	16,735	16,735		
2598.	Summary of remaining write-ins for Line 25 from overflow page	48,572	48,572		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	175,063	175,063		

LIABILITIES, CAPITAL AND SURPLUS

		Current Year			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....0 reinsurance ceded)	21,448,292		21,448,292	11,981,448
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses	416,910		416,910	
4.	Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserves				
7.	Aggregate health claim reserves				
8.	Premiums received in advance				
9.	General expenses due or accrued	4,773,383		4,773,383	4,865,579
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses))	814,772		814,772	442,786
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others	5		5	
13.	Remittances and items not allocated				
14.	Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	111,837		111,837	
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties (with \$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20.	Reinsurance in unauthorized and certified (\$.....0) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans				
23.	Aggregate write-ins for other liabilities (including \$.....0 current)				
24.	TOTAL Liabilities (Lines 1 to 23)	27,565,199		27,565,199	17,289,813
25.	Aggregate write-ins for special surplus funds	X X X	X X X	1,723,486	445,722
26.	Common capital stock	X X X	X X X	1,000	1,000
27.	Preferred capital stock	X X X	X X X		
28.	Gross paid in and contributed surplus	X X X	X X X	6,834,000	6,834,000
29.	Surplus notes	X X X	X X X		
30.	Aggregate write-ins for other than special surplus funds	X X X	X X X		
31.	Unassigned funds (surplus)	X X X	X X X	3,723,676	1,403,827
32.	Less treasury stock, at cost:				
32.1	.....0 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.2	.....0 shares preferred (value included in Line 27 \$.....0)	X X X	X X X		
33.	TOTAL Capital and Surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	12,282,162	8,684,549
34.	TOTAL Liabilities, Capital and Surplus (Lines 24 and 33)	X X X	X X X	39,847,361	25,974,362
DETAILS OF WRITE-INS					
2301.	.....			
2302.	.....			
2303.	.....			
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	ACA 9010 Tax Payable for 2015	X X X	X X X		445,722
2502.	ACA 9010 Tax Payable for 2016	X X X	X X X	1,723,486	
2503.	.....	X X X	X X X		
2598.	Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X	1,723,486	445,722
3001.	.....	X X X	X X X		
3002.	.....	X X X	X X X		
3003.	.....	X X X	X X X		
3098.	Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year		Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member Months	X X X	365,118	350,497
2.	Net premium income (including \$.....0 non-health premium income)	X X X	131,563,782	119,092,512
3.	Change in unearned premium reserves and reserve for rate credits	X X X		
4.	Fee-for-service (net of \$.....0 medical expenses)	X X X		
5.	Risk revenue	X X X		
6.	Aggregate write-ins for other health care related revenues	X X X		
7.	Aggregate write-ins for other non-health revenues	X X X		
8.	TOTAL Revenues (Lines 2 to 7)	X X X	131,563,782	119,092,512
Hospital and Medical:				
9.	Hospital/medical benefits		84,816,553	83,038,750
10.	Other professional services		10,920,266	8,694,150
11.	Outside referrals			
12.	Emergency room and out-of-area			
13.	Prescription drugs		8,307,836	6,720,744
14.	Aggregate write-ins for other hospital and medical			
15.	Incentive pool, withhold adjustments and bonus amounts			
16.	Subtotal (Lines 9 to 15)		104,044,655	98,453,644
Less:				
17.	Net reinsurance recoveries		32,803	647,518
18.	TOTAL Hospital and Medical (Lines 16 minus 17)		104,011,852	97,806,126
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including \$.....3,465,586 cost containment expenses		6,301,366	4,852,563
21.	General administrative expenses		14,235,571	12,110,183
22.	Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)			
23.	TOTAL Underwriting Deductions (Lines 18 through 22)		124,548,789	114,768,872
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	7,014,993	4,323,640
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)		4,394	2,253
26.	Net realized capital gains (losses) less capital gains tax of \$.....0			
27.	Net investment gains (losses) (Lines 25 plus 26)		4,394	2,253
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]			
29.	Aggregate write-ins for other income or expenses			(25,450)
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	7,019,387	4,300,443
31.	Federal and foreign income taxes incurred	X X X	2,691,304	1,299,832
32.	Net income (loss) (Lines 30 minus 31)	X X X	4,328,083	3,000,611
DETAILS OF WRITE-INS				
0601.	.....	X X X		
0602.	.....	X X X		
0603.	.....	X X X		
0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X		
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X		
0701.	.....	X X X		
0702.	.....	X X X		
0703.	.....	X X X		
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X		
0799.	TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above)	X X X		
1401.	.....		
1402.	.....		
1403.	.....		
1498.	Summary of remaining write-ins for Line 14 from overflow page			
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)			
2901.	Penalties			(25,450)
2902.	.....		
2903.	.....		
2998.	Summary of remaining write-ins for Line 29 from overflow page			
2999.	TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above)			(25,450)

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2
		Current Year	Prior Year
CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	8,684,549	3,485,284
34.	Net income or (loss) from Line 32	4,328,083	3,000,611
35.	Change in valuation basis of aggregate policy and claim reserves		
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0		
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax	216,612	102,046
39.	Change in nonadmitted assets	(354,928)	1,053,554
40.	Change in unauthorized and certified reinsurance		
41.	Change in treasury stock		
42.	Change in surplus notes		
43.	Cumulative effect of changes in accounting principles		
44.	Capital Changes:		
44.1	Paid in		
44.2	Transferred from surplus (Stock Dividend)		
44.3	Transferred to surplus		(8,000)
45.	Surplus adjustments:		
45.1	Paid in		1,343,000
45.2	Transferred to capital (Stock Dividend)		
45.3	Transferred from capital		
46.	Dividends to stockholders	(314,417)	
47.	Aggregate write-ins for gains or (losses) in surplus	(277,734)	(291,944)
48.	Net change in capital and surplus (Lines 34 to 47)	3,597,616	5,199,267
49.	Capital and surplus end of reporting year (Line 33 plus 48)	12,282,165	8,684,551
DETAILS OF WRITE-INS			
4701.	Prior Period Adjustments	(277,734)	(291,944)
4702.	.....	
4703.	.....	
4798.	Summary of remaining write-ins for Line 47 from overflow page		
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)	(277,734)	(291,944)

CASH FLOW

		1	2
		Current Year	Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance	133,743,018	116,490,648
2.	Net investment income	4,394	2,253
3.	Miscellaneous income		
4.	TOTAL (Lines 1 through 3)	133,747,412	116,492,901
5.	Benefit and loss related payments	94,545,008	93,715,686
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	5	
7.	Commissions, expenses paid and aggregate write-ins for deductions	20,212,221	13,636,088
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	2,319,318	857,046
10.	TOTAL (Lines 5 through 9)	117,076,552	108,208,820
11.	Net cash from operations (Line 4 minus Line 10)	16,670,860	8,284,081
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds		
12.2	Stocks		
12.3	Mortgage loans		
12.4	Real estate		
12.5	Other invested assets		
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7	Miscellaneous proceeds		
12.8	TOTAL Investment proceeds (Lines 12.1 to 12.7)		
13.	Cost of investments acquired (long-term only):		
13.1	Bonds		
13.2	Stocks		
13.3	Mortgage loans		
13.4	Real estate		
13.5	Other invested assets		
13.6	Miscellaneous applications		
13.7	TOTAL Investments acquired (Lines 13.1 to 13.6)		
14.	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		
Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes		
16.2	Capital and paid in surplus, less treasury stock		1,335,000
16.3	Borrowed funds		
16.4	Net deposits on deposit-type contracts and other insurance liabilities		
16.5	Dividends to stockholders	314,417	
16.6	Other cash provided (applied)	(817,889)	258,298
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(1,132,306)	1,593,298
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	15,538,554	9,877,379
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year	21,698,191	11,820,812
19.2	End of year (Line 18 plus Line 19.1)	37,236,745	21,698,191

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001		
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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

		1	2	3	4	5	6	7	8	9	10
		Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1.	Net premium income	131,563,782	8,987,587						122,576,195		
2.	Change in unearned premium reserves and reserve for rate credit										
3.	Fee-for-service (net of \$.....0 medical expenses)										X X X
4.	Risk revenue										X X X
5.	Aggregate write-ins for other health care related revenues										X X X
6.	Aggregate write-ins for other non-health care related revenues		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
7.	TOTAL Revenues (Lines 1 to 6)	131,563,782	8,987,587						122,576,195		
8.	Hospital/medical benefits	84,816,553	9,999,229						74,817,324		X X X
9.	Other professional services	10,920,266	564,025						10,356,241		X X X
10.	Outside referrals										X X X
11.	Emergency room and out-of-area										X X X
12.	Prescription drugs	8,307,836	7,756						8,300,080		X X X
13.	Aggregate write-ins for other hospital and medical										X X X
14.	Incentive pool, withhold adjustments and bonus amounts										X X X
15.	Subtotal (Lines 8 to 14)	104,044,655	10,571,010						93,473,645		X X X
16.	Net reinsurance recoveries	32,803							32,803		X X X
17.	TOTAL Hospital and Medical (Lines 15 minus 16)	104,011,852	10,571,010						93,440,842		X X X
18.	Non-health claims (net)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
19.	Claims adjustment expenses including \$.....3,465,586 cost containment expenses	6,301,366	670,149						5,631,217		
20.	General administrative expenses	14,235,571	973,802						13,261,769		
21.	Increase in reserves for accident and health contracts										X X X
22.	Increase in reserves for life contracts		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
23.	TOTAL Underwriting Deductions (Lines 17 to 22)	124,548,789	12,214,961						112,333,828		
24.	Net underwriting gain or (loss) (Line 7 minus Line 23)	7,014,993	(3,227,374)						10,242,367		
DETAILS OF WRITE-INS											
0501.	.....										X X X
0502.	.....										X X X
0503.	.....										X X X
0598.	Summary of remaining write-ins for Line 5 from overflow page										X X X
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)										X X X
0601.	.....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0602.	.....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0603.	.....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0698.	Summary of remaining write-ins for Line 6 from overflow page		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
1301.	.....										X X X
1302.	.....										X X X
1303.	.....										X X X
1398.	Summary of remaining write-ins for Line 13 from overflow page										X X X
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										X X X

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 - PREMIUMS

		1	2	3	4
		Direct	Reinsurance	Reinsurance	Net Premium
Line of Business		Business	Assumed	Ceded	Income
					(Columns
					1 + 2 - 3)
1.	Comprehensive (hospital and medical)	9,034,445		46,858	8,987,587
2.	Medicare Supplement				
3.	Dental only				
4.	Vision only				
5.	Federal Employees Health Benefits Plan				
6.	Title XVIII - Medicare				
7.	Title XIX - Medicaid	123,049,709		473,514	122,576,195
8.	Other health				
9.	Health subtotal (Lines 1 through 8)	132,084,154		520,372	131,563,782
10.	Life				
11.	Property/casualty				
12.	TOTALS (Lines 9 to 11)	132,084,154		520,372	131,563,782

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	93,963,863	7,657,732						86,306,131		
1.2 Reinsurance assumed										
1.3 Reinsurance ceded	32,803							32,803		
1.4 Net	93,931,060	7,657,732						86,273,328		
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	21,448,292	3,857,157						17,591,135		
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net	21,448,292	3,857,157						17,591,135		
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year										
6. Net healthcare receivables (a)	(613,948)							(613,948)		
7. Amounts recoverable from reinsurers December 31, current year ..										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	11,981,448	1,018,854						10,962,594		
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net	11,981,448	1,018,854						10,962,594		
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year										
11. Amounts recoverable from reinsurers December 31, prior year										
12. Incurred benefits:										
12.1 Direct	104,044,655	10,496,035						93,548,620		
12.2 Reinsurance assumed										
12.3 Reinsurance ceded	32,803							32,803		
12.4 Net	104,011,852	10,496,035						93,515,817		
13. Incurred medical incentive pools and bonuses										

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Compre- hensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	9,820,731	1,766,113						8,054,618		
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	9,820,731	1,766,113						8,054,618		
2. Incurred but Unreported:										
2.1 Direct	11,627,561	2,091,044						9,536,517		
2.2 Reinsurance assumed										
2.3 Reinsurance ceded										
2.4 Net	11,627,561	2,091,044						9,536,517		
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct										
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net										
4. TOTALS										
4.1 Direct	21,448,292	3,857,157						17,591,135		
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net	21,448,292	3,857,157						17,591,135		

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B - ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

		Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
		1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
Line of Business							
1.	Comprehensive (hospital and medical)	1,350,543	6,307,188	99,452	3,757,705	1,449,995	1,018,854
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare						
7.	Title XIX - Medicaid	12,108,212	75,393,014	485,547	17,105,588	12,593,759	10,962,594
8.	Other health						
9.	Health subtotal (Lines 1 to 8)	13,458,755	81,700,202	584,999	20,863,293	14,043,754	11,981,448
10.	Healthcare receivables (a)		819,669				205,721
11.	Other non-health						
12.	Medical incentive pool and bonus amounts						
13.	TOTALS (Lines 9 - 10 + 11 + 12)	13,458,755	80,880,533	584,999	20,863,293	14,043,754	11,775,727

(a) Excludes \$.0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Grand Total

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2011	2 2012	3 2013	4 2014	5 2015
1.	Prior .....	.....	.....	.....	.....	.....
2.	2011 .....	.....	.....	.....	.....	.....
3.	2012	X X X .....	.....	.....	.....	.....
4.	2013	X X X	X X X	37,444	49,299	48,963
5.	2014	X X X	X X X	X X X	81,656	95,451
6.	2015	X X X	X X X	X X X	X X X	81,086

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2011	2 2012	3 2013	4 2014	5 2015
1.	Prior .....	.....	.....	.....	.....	.....
2.	2011 .....	.....	.....	.....	.....	.....
3.	2012	X X X .....	.....	.....	.....	.....
4.	2013	X X X	X X X	45,129	49,299	48,963
5.	2014	X X X	X X X	X X X	93,637	96,035
6.	2015	X X X	X X X	X X X	X X X	101,950

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1.	2011 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.	2012 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.	2013	50,503	48,963	2,895	5.912	51,858	102.683 .....	.....	.....	51,858	102.683
4.	2014	119,092	95,451	7,658	8.023	103,109	86.579	584 .....	.....	103,693	87.070
5.	2015	131,563	81,086	5,309	6.547	86,395	65.668	20,864	417	107,676	81.844

12 Total

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Hospital and Medical
Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2011	2 2012	3 2013	4 2014	5 2015
1.	Prior .....	.....	.....	.....	.....	.....
2.	2011 .....	.....	.....	.....	.....	.....
3.	2012	X X X .....	.....	.....	.....	.....
4.	2013	X X X	X X X	3,205	3,891	3,843
5.	2014	X X X	X X X	X X X	6,469	7,868
6.	2015	X X X	X X X	X X X	X X X	6,307

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2011	2 2012	3 2013	4 2014	5 2015
1.	Prior .....	.....	.....	.....	.....	.....
2.	2011 .....	.....	.....	.....	.....	.....
3.	2012	X X X .....	.....	.....	.....	.....
4.	2013	X X X	X X X	4,215	3,891	3,843
5.	2014	X X X	X X X	X X X	7,488	7,967
6.	2015	X X X	X X X	X X X	X X X	10,065

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1.	2011 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.	2012 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.	2013	2,579	3,843	177	4.614	4,020	155.887 .....	.....	.....	4,020	155.887
4.	2014	7,692	7,868	684	8.693	8,552	111.180	99 .....	.....	8,651	112.467
5.	2015	8,987	6,307	556	8.816	6,863	76.366	3,758 .....	.....	10,621	118.182

12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Medicare Supplement . . .	NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Medicare Supplement . . .	NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Medicare Supplement . . .	NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Dental Only	NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Dental Only	NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Dental Only	NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Vision Only	NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Vision Only	NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Vision Only	NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Fed Emp HBPP	NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Fed Emp HBPP	NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Fed Emp HBPP	NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XVIII-Medicare	NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XVIII-Medicare	NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XVIII-Medicare	NONE

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Title XIX - Medicaid

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2011	2 2012	3 2013	4 2014	5 2015
1.	Prior .....	.....	.....	.....	.....	.....
2.	2011 .....	.....	.....	.....	.....	.....
3.	2012	X X X .....	.....	.....	.....	.....
4.	2013	X X X	X X X	34,239	45,408	45,120
5.	2014	X X X	X X X	X X X	75,187	87,583
6.	2015	X X X	X X X	X X X	X X X	74,779

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2011	2 2012	3 2013	4 2014	5 2015
1.	Prior .....	.....	.....	.....	.....	.....
2.	2011 .....	.....	.....	.....	.....	.....
3.	2012	X X X .....	.....	.....	.....	.....
4.	2013	X X X	X X X	40,914	45,408	45,120
5.	2014	X X X	X X X	X X X	86,149	88,068
6.	2015	X X X	X X X	X X X	X X X	91,885

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1.	2011 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.	2012 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.	2013	47,924	45,120	2,718	6.023	47,838	99.820 .....	.....	.....	47,838	99.820
4.	2014	111,400	87,583	6,974	7.963	94,557	84.881	485 .....	.....	95,042	85.316
5.	2015	122,576	74,779	4,753	6.356	79,532	64.884	17,106	417	97,055	79.179

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Other NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur Claims - Other NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Other NONE

13 Underwriting Invest Exh Pt 2D - A & H Reserve NONE

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

		Claim Adjustment Expenses		3	4	5
		1	2			
		Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1.	Rent (\$.....0 for occupancy of own building)			478,708		478,708
2.	Salaries, wages and other benefits	2,190,128	1,892,361	4,566,373		8,648,862
3.	Commissions (less \$.....0 ceded plus \$.....0 assumed)					
4.	Legal fees and expenses		201,752	550,027		751,779
5.	Certifications and accreditation fees	49,409	17,856	48,681		115,946
6.	Auditing, actuarial and other consulting services		131,952	359,737		491,689
7.	Traveling expenses	41,086	167,642	449,159		657,887
8.	Marketing and advertising	12,000	80,367	219,102		311,469
9.	Postage, express and telephone	1,300	56,465	153,666		211,431
10.	Printing and office supplies	9,498	102,327	278,565		390,390
11.	Occupancy, depreciation and amortization		37,700	102,781		140,481
12.	Equipment		4,604	12,551		17,155
13.	Cost or depreciation of EDP equipment and software	92,167	78,444	213,857		384,468
14.	Outsourced services including EDP, claims, and other services	916,068		3,290,242		4,206,310
15.	Boards, bureaus and association fees					
16.	Insurance, except on real estate		28,182	76,831		105,013
17.	Collection and bank service charges				465	465
18.	Group service and administration fees					
19.	Reimbursements by uninsured plans					
20.	Reimbursements from fiscal intermediaries					
21.	Real estate expenses					
22.	Real estate taxes					
23.	Taxes, licenses and fees:					
23.1	State and local insurance taxes					
23.2	State premium taxes			2,645,482		2,645,482
23.3	Regulatory authority licenses and fees			486,464		486,464
23.4	Payroll taxes	153,930	99,776	232,686		486,392
23.5	Other (excluding federal income and real estate taxes)					
24.	Investment expenses not included elsewhere					
25.	Aggregate write-ins for expenses		(63,647)	70,659		7,012
26.	TOTAL Expenses Incurred (Lines 1 to 25)	3,465,586	2,835,781	14,235,571	465	(a) 20,537,403
27.	Less expenses unpaid December 31, current year			4,773,383		4,773,383
28.	Add expenses unpaid December 31, prior year			4,865,579		4,865,579
29.	Amounts receivable relating to uninsured plans, prior year					
30.	Amounts receivable relating to uninsured plans, current year					
31.	TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	3,465,586	2,835,781	14,327,767	465	20,629,599
DETAILS OF WRITE-INS						
2501.	Contributions and Sponsorships			18,450		18,450
2502.	Government Relations			51,500		51,500
2503.	Miscellaneous Administrative Expenses		(63,647)	709		(62,938)
2598.	Summary of remaining write-ins for Line 25 from overflow page					
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)		(63,647)	70,659		7,012

(a) Includes management fees of \$.....757,504 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds	(a) .....	.....
1.1	Bonds exempt from U.S. tax	(a) .....	.....
1.2	Other bonds (unaffiliated)	(a) .....	.....
1.3	Bonds of affiliates	(a) .....	.....
2.1	Preferred stocks (unaffiliated)	(b) .....	.....
2.11	Preferred stocks of affiliates	(b) .....	.....
2.2	Common stocks (unaffiliated) .....	.....	.....
2.21	Common stocks of affiliates .....	.....	.....
3.	Mortgage loans	(c) .....	.....
4.	Real estate	(d) .....	.....
5.	Contract loans .....	.....	.....
6.	Cash, cash equivalents and short-term investments	(e) 4,859	4,859
7.	Derivative instruments	(f) .....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....	.....
10.	TOTAL Gross investment income	4,859	4,859
11.	Investment expenses .....	.....	(g) 465
12.	Investment taxes, licenses and fees, excluding federal income taxes .....	.....	(g)
13.	Interest expense .....	.....	(h)
14.	Depreciation on real estate and other invested assets .....	.....	(i)
15.	Aggregate write-ins for deductions from investment income .....	.....	.....
16.	TOTAL Deductions (Lines 11 through 15) .....	.....	465
17.	Net Investment income (Line 10 minus Line 16) .....	.....	4,394
DETAILS OF WRITE-INS			
0901.	.....	.....	.....
0902.	.....	.....	.....
0903.	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	.....	.....
1501.	.....	.....	.....
1502.	.....	.....	.....
1503.	.....	.....	.....
1598.	Summary of remaining write-ins for Line 15 from overflow page .....	.....	.....
1599.	TOTALS (Lines 1501 through 1503 plus 1598) (Line 15 above) .....	.....	.....
(a) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.			
(b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.			
(c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.			
(d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.			
(e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.			
(f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.			
(g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.			
(h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.			
(i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.			

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) on Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds .....	.....	.....	.....	.....	.....
1.1	Bonds exempt from U.S. tax .....	.....	.....	.....	.....	.....
1.2	Other bonds (unaffiliated) .....	.....	.....	.....	.....	.....
1.3	Bonds of affiliates .....	.....	.....	.....	.....	.....
2.1	Preferred stocks (unaffiliated) .....	.....	.....	.....	.....	.....
2.11	Preferred stocks of affiliates .....	.....	.....	.....	.....	.....
2.2	Common stocks (unaffiliated) .....	.....	.....	.....	.....	.....
2.21	Common stocks of affiliates .....	.....	.....	.....	.....	.....
3.	Mortgage loans .....	.....	.....	.....	.....	.....
4.	Real estate .....	.....	.....	.....	.....	.....
5.	Contract loans .....	.....	.....	.....	.....	.....
6.	Cash, cash equivalents and short-term investments .....	.....	.....	.....	.....	.....
7.	Derivative instruments .....	.....	.....	.....	.....	.....
8.	Other invested assets .....	.....	.....	.....	.....	.....
9.	Aggregate write-ins for capital gains (losses) .....	.....	.....	.....	.....	.....
10.	TOTAL Capital gains (losses) .....	.....	.....	.....	.....	.....
DETAILS OF WRITE-INS						
0901.	.....	.....	.....	.....	.....	.....
0902.	.....	.....	.....	.....	.....	.....
0903.	.....	.....	.....	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....	.....	.....	.....
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	.....	.....	.....	.....	.....

NONE

EXHIBIT OF NONADMITTED ASSETS

		1	2	3
		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D)			
2.	Stocks (Schedule D):			
2.1	Preferred stocks			
2.2	Common stocks			
3.	Mortgage loans on real estate (Schedule B):			
3.1	First liens			
3.2	Other than first liens			
4.	Real estate (Schedule A):			
4.1	Properties occupied by the company			
4.2	Properties held for the production of income			
4.3	Properties held for sale			
5.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			
6.	Contract loans			
7.	Derivatives (Schedule DB)			
8.	Other invested assets (Schedule BA)			
9.	Receivables for securities			
10.	Securities lending reinvested collateral assets (Schedule DL)			
11.	Aggregate write-ins for invested assets			
12.	Subtotals, cash and invested assets (Lines 1 to 11)			
13.	Title plants (for Title insurers only)			
14.	Invested income due and accrued			
15.	Premium and considerations:			
15.1	Uncollected premiums and agents' balances in the course of collection			
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due			
15.3	Accrued retrospective premiums and contracts subject to redetermination			
16.	Reinsurance:			
16.1	Amounts recoverable from reinsurers			
16.2	Funds held by or deposited with reinsured companies			
16.3	Other amounts receivable under reinsurance contracts			
17.	Amounts receivable relating to uninsured plans			
18.1	Current federal and foreign income tax recoverable and interest thereon			
18.2	Net deferred tax asset	259,712	66,098	(193,614)
19.	Guaranty funds receivable or on deposit			
20.	Electronic data processing equipment and software	274,500	165,839	(108,661)
21.	Furniture and equipment, including health care delivery assets	173,500	196,230	22,730
22.	Net adjustment in assets and liabilities due to foreign exchange rates			
23.	Receivables from parent, subsidiaries and affiliates			
24.	Health care and other amounts receivable		4,918	4,918
25.	Aggregate write-ins for other than invested assets	175,063	94,762	(80,301)
26.	TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	882,775	527,847	(354,928)
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28.	TOTAL (Lines 26 and 27)	882,775	527,847	(354,928)
DETAILS OF WRITE-INS				
1101.	.....		
1102.	.....		
1103.	.....		
1198.	Summary of remaining write-ins for Line 11 from overflow page			
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)			
2501.	Prepaid Expenses	108,197	66,846	(41,351)
2502.	Employee Advances	1,559		(1,559)
2503.	Deposits	16,735	16,735	
2598.	Summary of remaining write-ins for Line 25 from overflow page	48,572	11,181	(37,391)
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	175,063	94,762	(80,301)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment		Total Members at End of					6
		1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1.	Health Maintenance Organizations	31,044	30,267	30,245	30,259	31,326	365,118
2.	Provider Service Organizations						
3.	Preferred Provider Organizations						
4.	Point of Service						
5.	Indemnity Only						
6.	Aggregate write-ins for other lines of business						
7.	TOTAL	31,044	30,267	30,245	30,259	31,326	365,118
DETAILS OF WRITE-INS							
0601.	.....					
0602.	.....					
0603.	.....					
0698.	Summary of remaining write-ins for Line 6 from overflow page						
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)						

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Trusted Health Plan (District of Columbia), Inc.

Notes to Financial Statements

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of Trusted Health Plan, (District of Columbia), Inc. (THP) are presented on the basis of accounting practices prescribed or permitted by the District of Columbia Department of Insurance, Securities and Banking (DISB).

The DISB recognizes only statutory accounting practices prescribed or permitted by the District of Columbia (District) for determining and reporting the financial condition and results of operations of an insurance company and for determining its solvency under the District of Columbia Insurance Code. The DISB has adopted the National Association of Insurance Commissioners’ (NAIC) *Accounting Practices and Procedures Manual* as a component of prescribed and permitted practices for the District. The DISB has the right to permit specific practices that deviate from prescribed practices. There is no deviation from the NAIC *Accounting Practices and Procedures Manual*.

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the District of Columbia Department of Insurance, Securities and Banking is shown below:

		State of Domicile	2015	2014
	NET INCOME			
(1)	State basis (Page 4, Line 32, Columns 2 & 3)	DC	\$4,328,083	\$3,000,611
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP:			
(201)				
(299)	Total		\$0	\$0
(3)	State Permitted Practices that increase/(decrease) NAIC SAP:			
(301)				
(399)	Total		\$0	\$0
(4)	NAIC SAP (1-2-3=4)		\$4,328,083	\$3,000,611
	SURPLUS			
(5)	State basis (Page 3, Line 33, Columns 3 & 4)	DC	\$12,282,162	\$8,684,549
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP:			
(601)				
(699)	Total		\$0	\$0
(7)	State Permitted Practices that increase/(decrease) NAIC SAP:			
(701)				
(799)	Total		\$0	\$0
(8)	NAIC SAP (5-6-7=8)		\$12,282,162	\$8,684,549

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of the financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

THP writes only Medicaid contracts primarily through a contract with the District of Columbia Department of Health Care Finance (DHCF). Medicaid premiums from the DHCF are due monthly and are recognized as revenue during the period in which THP is obligated to provide service to members.

In addition, the Company uses the following accounting policies:

- (1) Short-term investments – None
- (2) Bonds not backed by other loans - None

Notes to Financial Statements

- (3) Common stocks – None
- (4) Preferred stocks – None
- (5) Mortgage loans on real estate – None
- (6) Loan-backed securities – None
- (7) Investments in subsidiaries, controlled or affiliated companies – None
- (8) Investments in joint ventures, partnerships and limited liability companies – None
- (9) Derivatives instruments – None
- (10) THP does not carry a premium deficiency reserve and consequently does not utilize anticipated investment income as a factor in the premium deficiency calculation.
- (11) Medical and hospital costs are accrued based on claims received but unpaid and an estimate for claims incurred but not yet received (IBNR). These estimates are projected through an actuarial model, which calculates the outstanding liability based on payment trends and membership. THP uses actuarially sound methodologies developed by its actuarial consultants, Lewis & Ellis, Inc. to calculate its medical liability. Claims and claims adjustment expenses are expensed as incurred.
- The Company establishes an unpaid claims liability for claims in the process of review and for claims incurred but not reported. The liability for claims incurred but not reported is actuarially estimated based on the most current historical claims experience, changes in number of members and participants and estimates of health care trend (cost, utilization and intensity of services) changes. Estimates for claims incurred but not reported are continually reviewed and revised as changes in these factors occur and revisions are reflected in the current year’s statements of revenue and expenses.
- (12) THP has not modified its capitalization policy from the prior period.
- (13) THP does not have any pharmacy rebate receivables.

D. Going Concern - None

2. Accounting Changes and Corrections of Errors

The Company made corrections to the 2014 financial statements related to the following items:

ACA and DC Exch Tax Adjustment	1,713,481
Data Warehouse	(63,000)
Adjustment based on the new provision	(17,232)
Accrual of DST invoice	117,828
Adjustment made to the deferred rent liability	(16,638)
Reversing the ACA tax for 2014 recorded in 1st quarter of 2015	(447,455)
MCO Tax adjustment due to reversing entry made for the ACA tax	(14,207)
Reversing the DC exchange tax for January to October 2014	(964,792)
Adjustment based on the new provision	(25,606)
Adjustment based on the new provision	(4,645)
	<hr/>
	277,734

3. Business Combinations and Goodwill

- A. Statutory Purchase Method - None
- B. Statutory Merger - None
- C. Assumption Reinsurance – None
- D. Impairment Loss – None

4. Discontinued Operations

None

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans – None
- B. Debt Restructuring – None
- C. Reverse Mortgages – None
- D. Loan-Backed Securities – None

Notes to Financial Statements

E. Repurchase Agreements and/or Securities Lending Transactions

(1) Policy for requiring collateral or other security – None

(2) Carrying amount and classification of both those assets and associated liabilities – None

(3) Collateral accepted that it is permitted by contract or custom to sell or repledge:

- a. Aggregate amount of contractually obligated open collateral positions – None
- b. Fair value of that collateral and of the portion of that collateral that it has sold or repledged – None
- c. Information about the sources and uses of that collateral – None

(4) Aggregate value of the reinvested collateral which is “one-line” reported and the aggregate reinvested collateral which is reported in the investment schedules – None

(5) Reinvestment of the cash collateral and any securities which it or its agent receives as collateral that can be sold or repledged – None

(6) Collateral accepted that it is not permitted by contract or custom to sell or repledge – None

(7) Collateral for transactions that extend beyond one year from the reporting date – None

F. Real Estate – None

G. Low-Income Housing Tax Credits (LIHTC) – None

H. Restricted Assets - No Material Change

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	1	2	3	4	5	6
	Total Gross Restricted from Current Year	Total Gross Restricted From Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$%%
b. Collateral held under security lending agreements
c. Subject to repurchase agreements
d. Subject to reverse repurchase agreements
e. Subject to dollar repurchase agreements
f. Subject to dollar reverse repurchase agreements
g. Placed under option contracts
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock
i. FHLB capital stock
j. On deposit with states	\$300,886 ..	\$300,664 ..	\$222	\$300,886 ..	0.74%	0.76%
k. On deposit with other regulatory bodies
l. Other restricted assets Pledged as collateral to FHLB (including assets backing funding agreements)
m. Pledged as collateral not captured in other categories
n. Other restricted assets
o. Total Restricted Assets	\$300,886	\$300,664	\$222	\$300,886	0.74%	0.76%

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories – None

(3) Detail of Other Restricted Assets - None

I. Working Capital Finance Investments

(2) Aggregate Book/Adjusted Carrying Value – None

Notes to Financial Statements

(3) Events of Default – None

J. Offsetting and Netting of Assets and Liabilities – None

K. Structured Notes – None

6. Joint Ventures, Partnerships and Limited Liability Companies

A. THP has no investments in joint ventures, partnerships or limited liability companies.

B. THP does not have any investments in impaired Joint Ventures, Partnerships or Limited Liability Companies.

7. Investment Income

A. Due and accrued income was excluded from surplus on the following basis:

All investment income due or accrued with amounts that are over 90 days past due, with the exception of mortgage loans in default, are excluded from surplus.

B. The Company has no investment income due and accrued excluded from surplus.

8. Derivative Instruments

A. – C. THP does not have any derivative instruments.

9. Income Taxes

Trusted Health Plan (District of Columbia), Inc											
Statutory Footnote											
December 31, 2015											
Note 9 - Income Taxes											
A. The components of the net deferred tax asset/(liability) are as follows:											
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3																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
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Notes to Financial Statements

B.	Unrecognized DTLs																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
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Notes to Financial Statements

D.	Reconciliation of Federal income Tax Rate to Actual Effective Rate							
	The provision for federal income taxes incurred is different from that which would be obtained							
	by applying the statutory federal income tax rate to income before income taxes. The							
	significant items causing this difference are as follows:							
							Tax Effect @	Effective Tax
	Description					Amount	34%	Rate
	Income before taxes					7,040,524	2,393,778	34.00%
	DRD deduction and tax-exempt interest, net					-	-	0.00%
	Prior year underaccrual/(overaccrual)					(97,939)	(33,299)	-0.47%
	Change in nonadmitted assets					(261,059)	(88,760)	-1.26%
	Meals and entertainment					65,979	22,433	0.32%
	Change in valuation allowance					-	-	0.00%
	Other, including expiration of charitable contribution c/f					23,583	8,018	0.11%
	Total					6,771,088	2,302,170	32.70%
	Federal income taxed incurred [expense/(benefit)]						2,546,347	36.17%
	Tax on capital gains						-	0.00%
	Change in net deferred income tax [charge/(benefit)]						(244,177)	-3.47%
	Total statutory income taxes						2,302,170	32.70%
							-	
E.	Operating Loss and Tax Credit Carryforwards						-	
	(1)	At December 31, 2015 the Company had \$0 of net operating loss carryforwards and \$0 of AMT credit carryforwards.						
	(2)	The following is income tax expense for 2015 and 2014 that is available for recoupment in the event of future net losses:						
		Year	Amount					
		2015	1,138,881					
		2014	2,579,646					
F.	Consolidated Federal Income Tax Return							
	(1)	The Company's federal income tax return is consolidated with the following entities:						
		Trusted Health Plans, Inc.						
	(2)	The method of allocation among companies is subject to a written agreement, approved by the Board of Directors, whereby allocation is made primarily on a separate return basis with current credit given for any net operating losses or other items utilized in the consolidated tax return.						

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. THP is a wholly owned subsidiary of Trusted Health Plan, Inc., a Delaware holding company. All outstanding shares of THP are owned by the parent company, Trusted Health Plans, Inc., a holding company domiciled in the state of Delaware. THP holds no assets or shares of stock in Trusted Health Plans, Inc.

B. and C. The Company paid cash dividends to Trusted Health Plans, Inc. (Parent Company) on June 22, 2015, totaling \$314,417.

D. THP does not have any affiliated or subsidiary or related parties other than Trusted Health Plans, Inc., the parent company.

E. There are no guarantees or undertakings that exist with affiliates or non-affiliates that would expose the Company's assets or liabilities.

F. Office lease agreements and material management contracts

In April, 2015 the District of Columbia, Department of Insurance, Securities and Banking (DISB) approved a Management and Administrative Services Agreement between Trusted Health Plan (District of Columbia), Inc. and its' Parent Company, Trusted Health Plans, Inc.

Notes to Financial Statements

The Agreement has a January 1, 2015 effective date.

The Parent Company has agreed to provide certain financial reporting, accounting, staffing, and related management and administrative support services for a Minimum Fixed Fee payment of \$400,000 per year, or \$33,333 monthly.

G. THP is a wholly owned subsidiary of Trusted Health Plans, Inc.

H. The Company had no ownership in any upstream intermediate entities or ultimate parent companies owned.

I. Investment in SCA - None

J. Investment in impaired SCAs - None

K. Investment in Foreign Insurance Subsidiary - None

L. Investment in Downstream Noninsurance Holding Company – None

M. SCA Investments disclosure of SCA Balance Sheet – None

N. Investment in Insurance SCA departure from NAIC SAP - None

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans.

A. Defined Benefit Plan

(1) Change in benefit obligation – None

(2) Change in plan assets- None

(3) Funded status - None

(4) Components of net periodic benefit cost - None

(5) The amount included in unassigned funds (surplus) for the period arising from a change in the additional minimum pension liability recognized - None

(6) Amounts in unassigned funds (surplus expected to be recognized in the next fiscal year as components of net periodic benefit cost - None

(7) Amounts in unassigned funds (surplus) that have not been recognized as components of net periodic benefit cost - None

(8) Weighted-average assumptions used to determine net period benefit cost - None

(9) The amount of accumulated benefit obligation for defined benefit pension plans - None

(10) – (11) The defined benefit pension plan asset allocation as of the measurement date, and the target asset allocation, presented as a percentage of total plan assets - None

(12) Estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the years- None

(13) Regulatory contribution requirements - None

(14) – (21) - None

B. Narrative Description of Investment Policies and Strategies – Not applicable.

C. Fair Value of Plan Assets – Not applicable.

D. Narrative Description of Basis Used to Determine Expected L-T Rate-of Return – Not applicable.

E. Defined Contribution Plans - THP sponsored a 401K plan (The “Plan”) for its employees beginning in 2013. Employees were eligible to participate in the Plan if they were at least 18 years of age and had completed three consecutive months of employment at the Company. The Company may make a discretionary matching contribution to the Plan. For the year ended December 31, 2014, the Company did not make any matching contributions. During the quarter ended June 30, 2015, the Company funded the 401K employee match. \$51,126 was made as a matching contribution into the plan, retroactive back to July 1, 2013. For the period ended December 31, 2015 the Plan has contributed \$105,985. At December 31, 2015, the fair value of plan assets was \$305,086.

Notes to Financial Statements

- F. Multi-Employer Plan – None
- G. Consolidated/Holding Company Plans – None
- H. Post-Employment Benefits and Compensated Absences – None
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) – None

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

- 1. Capital stock authorized, issued and outstanding – No Material Change
- 2. THP has not issued any preferred stock.
- 3. Dividend restrictions

Pursuant to D.C. Code §31-706(b), THP is required to receive prior approval from the DC DISB Commissioner before declaring a dividend in excess of 10% of prior year's capital and surplus balance or the prior year's net income balance amount.
- 4. The Company paid ordinary cash dividends of \$314,417 on June 22, 2015.
- 5. Portions of Company’s profit paid as ordinary dividends to stockholders

Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- 6. Description of any restrictions on unassigned funds: None
- 7. Total amount of advances to surplus not repaid: None
- 8. Total amount of stock held by the company for special purposes: None
- 9. Reasons for changes in the balances of any special surplus funds: None
- 10. Portion of unassigned funds represented or reduced by unrealized gains or losses is \$0.
- 11. The company issued the following surplus debentures: None
- 12. Impact of restatement in a quasi-reorganization: None
- 13. Effective date of quasi-reorganization: None

14. Contingencies

- A. Contingent Commitments – None
- B. Assessments – None
- C. Gain Contingencies – None
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits – None
- E. Joint and Several Liabilities - None
- F. All Other Contingencies – None

15. Leases

- A. Lease Operating Lease
 - (1) THP is obligated under several non-cancelable operating leases for office space and office equipment. Total rent expense was \$408,801 for the year ended December 31, 2015.
 - (2) At December 31, 2015, the minimum aggregate rental commitments are as follows:

2016	\$428,105
2017	\$467,562
2018	\$438,386
2019	\$393,685
2020	\$404,490
Total	<u>\$2,132,228</u>

- (3) The Company is not involved in any material sales-leaseback transactions.

Notes to Financial Statements

B. Lessor Leases – None

16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk

None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables reported as Sales – None

B. Transfer and Servicing of Financial Assets

(1) Description of loaned securities – None

(2) Servicing Assets and Liabilities

a. Risks inherent in servicing assets and servicing liabilities – None

b. Amount of contractually specified servicing fees, late fees and ancillary fees earned for each period – None

c. Assumptions used to estimate the fair value – None

(3) Servicing assets and servicing liabilities are subsequently measured at fair value – None

(4) For securitizations, asset-backed financing arrangements, and similar transfers accounted for as sales when the transferor has continuing involvement (as defined in the glossary of the Accounting Practices & Procedures Manual) with the transferred financial assets:

a. Each income statement presented – None

b. Each statement of financial position presented, regardless of when the transfer occurred – None

(5) Transfers of financial assets accounted for as secured borrowing value – None

(6) Transfers of receivables with recourse – None

(7) Securities underlying repurchase and reverse repurchase agreements – None

C. Wash Sales – None

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. ASO Plans – None

B. ASC Plans – None

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract – None

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

None

20. Fair Value Measurements

A. Fair Market Value at Reporting Date

1. Fair Value Measurements at Reporting Date – None

2. Fair Value Measurements in (Level 3) of the Fair Value Hierarchy – None

3. The Company does not have any securities valued at fair value.

4. The Company has not valued any securities at a Level 3.

5. Derivative assets and liabilities – None

B. Fair Value information under SSAP No. 100 combined with Fair Value information Under Other Accounting Pronouncements – None

C. Aggregate Fair Value of All Financial Instruments - None

D. Not Practicable to Estimate Fair Value – None

Notes to Financial Statements

21. Unusual or Infrequent Items

- A. Unusual or Infrequent Items – None
- B. Troubled Debt Restructuring – None
- C. Other Disclosures – None
- D. Business Interruption Insurance Recoveries – None
- E. State Transferable and Non-transferable Tax Credits – None
- F. Subprime-Mortgage-Related Risk Exposure – None
- G. Retained Assets – None
- H. Insurance Linked Securities - None

22. Events Subsequent

Type I – Recognized Subsequent Events

Subsequent events have been considered through February 28, 2016 for the Statutory statement issued on December 31, 2015.

None.

Type II – Nonrecognized Subsequent Events

Subsequent events have been considered through February 28, 2016 for the Statutory statement issued on December 31, 2015.

On January 1, 2016, the Company became subject to an annual fee under section 9010 of the Affordable Care Act (ACA). This annual fee is allocated to individual health insurers based on the ratio of the amount of the entity’s net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity’s portion of the annual fee becomes payable once the entity provides health insurance for any U.S health risk for each calendar year beginning on or after January 1 of the year the fee is due. As of December 31, 2015, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2016, and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2016 to be \$1,723,486. This amount is reflected in special surplus. Reporting the ACA assessment as of December 31, 2015, would not have triggered and RBC action level.

		Current Year	Prior Year
A.	Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (Yes/No)?	Yes	
B.	ACA fee assessment payable for the upcoming year	\$1,723,486	\$445,722
C.	ACA fee assessment paid	\$1,570,754	\$191,380
D.	Premium written subject to ACA 9010 assessment	\$132,084,154	\$119,742,533
E.	Total Adjusted Capital before surplus adjustment (Five Year Historical – Line 14)	12,282,161	
F.	Total Adjusted Capital after surplus adjustment (Five Year Historical – Line 14 minus 22B above)	10,558,676	
G.	Authorized Control Level (Five Year Historical – Line 15)	4,393,624	
H.	Would reporting the ACA assessment as of December 31, 2015, have triggered an RBC action level (Yes/NO)?	No	

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?
- Yes () No (X)
- (2) Have any policies issued by the company been reinsured with a company THP in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?
- Yes () No (X)

Notes to Financial Statements

Section 2 – Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

Yes () No (X)

- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X)

Section 3 – Ceded Reinsurance Report – Part B

- (1) The estimated amount of the aggregate reduction in surplus, of termination of all reinsurance agreements, by either party, as of the date of this statement is zero.

- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes () No (X)

- B. Uncollectible Reinsurance – None
- C. Commutation of Ceded Reinsurance – None
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation – None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. The method used by the reporting entity to estimate accrued retrospective premium adjustments – Not applicable
- B. Accrual of retrospective premiums recorded through written premium or as an adjustment to earned premium – Not applicable.
- C. Amount of net premiums written that are subject to retrospective rating features, as well as the corresponding percentage to total net premiums written – Not applicable.
- D. Medical loss ratio rebates required pursuant to the Public Health Service Act - Not Applicable
- E. Risk-Sharing Provisions of the Affordable Care Act (ACA)
- (1) Did the reporting entity write accident and health insurance premiums that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)? No
- (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities, and Revenue for the Current Year - None
- (3) Rollforward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reason for any adjustments to prior year balance. - None

25. Changes in Incurred Losses and Loss Adjustment Expenses

Reserves as of December 31, 2014 were \$11,981,448 for unpaid claims and \$0 for unpaid claims adjustment expenses. At June 30, 2015, the Company reported a \$202,118 favorable prior year development for the period December 31, 2014 to June 30, 2015. During the third quarter, as a result of CMS approval of the State Plan that resulted in an increase in inpatient reimbursement retroactive to October 1, 2014, the Company re-processed all inpatient claims for the period October 1, 2014 through December 31, 2014 which had been previously paid prior to December 31, 2014 and/or included in the Reserves as of December 31, 2014.

As of December 31, 2015, \$13,458,755 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$584,999 as a result of re-estimation of unpaid claims and claim adjustment expenses which the Company attributes mainly to the impact of the CMS retroactive approval of the State Plan. Therefore there has been a \$1,683,028 unfavorable prior year development since December 31, 2014 to December 31, 2015.

In anticipation of the financial impact of the retroactive approval of the State Plan the District of Columbia Department of Health Care Finance (the “DHCF”) increased the Company’s capitation rate at May 1, 2015 to account for the increase in inpatient cost on a going forth basis, and has agreed to cover the Company’s increase in costs for re-adjudication of the inpatient claims for the period October 1, 2014 through April 30, 2015. Management anticipates that DHCF coverage of the increase in cost will offset the unfavorable prior year development.

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

28. Health Care Receivables

- A. Pharmaceutical Rebate Receivables - None
- B. Risk Sharing Receivables - None

29. Participating Policies

None

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves	\$ 0
2. Date of the most recent evaluation of this liability	12/31/2015
3. Was anticipated investment income utilized in the calculation? (Yes / No)	No

31. Anticipated Salvage and Subrogation

THP’s subrogation recoveries are considered immaterial as a result of the population served. Plan members are almost entirely TANF recipients eligible only for Medicaid health coverage. Recoveries typically result from non-routine healthcare matters, such as auto accidents. During the years ended December 31, 2014 and 2015, THP recorded \$0 in subrogation recoveries as reductions in medical costs.

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
If yes, complete Schedule Y, Parts 1, 1A and 2.

Yes[X] No[]
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes[X] No[] N/A[]
District of Columbia
- 1.3 State Regulating?
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes[] No[X]
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2013
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

01/31/2012
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

03/08/2012
- 3.4 By what department or departments?
District of Columbia Department of Insurance, Securities and Banking
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?

Yes[X] No[] N/A[]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[X] No[] N/A[]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business?

Yes[] No[X]
- 4.12 renewals?

Yes[] No[X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business?

Yes[] No[X]
- 4.22 renewals?

Yes[] No[X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[] No[X]
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes[] No[X]
- 6.2 If yes, give full information:
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes[] No[X]
- 7.2 If yes,
- 7.21 State the percentage of foreign control

0.000%
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact)

1 Nationality	2 Type of Entity

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide the names and location (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e., the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC) and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
		Yes[] No[X] ..	Yes[] No[X] ..	Yes[] No[X] ..	Yes[] No[X] ..

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Brown, Smith, Wallace, LLC 6 City Place Drive Suite 900, St. Louis, MO 63141
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes[] No[X]
- 10.2 If response to 10.1 is "yes," provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes[] No[X]
- 10.4 If response to 10.3 is "yes," provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes[X] No[] N/A[]
- 10.6 If the response to 10.5 is "NO" or "N/A" please explain:
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Kimberly Shores, FSA, MAAA Lewis & Ellis, Inc. 11225 College Blvd., Suite 320 Overland Park, KS 66210

GENERAL INTERROGATORIES (Continued)

- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

12.11 Name of real estate holding company

12.12 Number of parcels involved

12.13 Total book/adjusted carrying value

12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

13.3 Have there been any changes made to any of the trust indentures during the year?

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended?

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

14.3 Have any provisions of the code of ethics been waived for any of the specified officers?

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

	1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
15.2001

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof?

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?
- Yes[X] No[]

Yes[X] No[]

Yes[X] No[]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers

20.12 To stockholders not officers

20.13 Trustees, supreme or grand (Fraternal only)

20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers

20.22 To stockholders not officers

20.23 Trustees, supreme or grand (Fraternal only)

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others

21.22 Borrowed from others

21.23 Leased from others

21.24 Other

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment

22.22 Amount paid as expenses

22.23 Other amounts paid

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:
- Yes[] No[X]

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

Yes[] No[X]

\$ 0

\$ 0

\$ 0

Yes[] No[X]

\$ 0
- INVESTMENT
- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)

24.02 If no, give full and complete information, relating thereto

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.

24.06 If answer to 24.04 is no, report amount of collateral for other programs.

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?

Yes[X] No[]

Yes[] No[] N/A[X]

\$ 0

\$ 0

Yes[] No[] N/A[X]

Yes[] No[] N/A[X]

27.1

GENERAL INTERROGATORIES (Continued)

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?

Yes[] No[] N/A[X]

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.
24.102 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.
24.103 Total payable for securities lending reported on the liability page.

\$ 0
\$ 0
\$ 0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03).

Yes[X] No[]

25.2 If yes, state the amount thereof at December 31 of the current year:
25.21 Subject to repurchase agreements
25.22 Subject to reverse repurchase agreements
25.23 Subject to dollar repurchase agreements
25.24 Subject to reverse dollar repurchase agreements
25.25 Placed under option agreements
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock
25.27 FHLB Capital Stock
25.28 On deposit with states
25.29 On deposit with other regulatory bodies
25.30 Pledged as collateral - excluding collateral pledged to an FHLB
25.31 Pledged as collateral to FHLB - including assets backing funding agreements
25.32 Other

\$ 0
\$ 0
\$ 0
\$ 0
\$ 0
\$ 0
\$ 0
\$ 0
\$ 300,886
\$ 0
\$ 0
\$ 0
\$ 0
\$ 0

25.3 For category (25.26) provide the following:

1	2	3
Nature of Restriction	Description	Amount
.....

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes[] No[X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement.

Yes[] No[] N/A[X]

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes[] No[X]

27.2 If yes, state the amount thereof at December 31 of the current year.

\$ 0

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section I, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[] No[X]

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1	2
Name of Custodian(s)	Custodian's Address
.....
.....

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)
Branch Banking & Trust Co.	815 Connecticut Ave NW Washington DC 20006	The Company currently only has cash bank accounts

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

Yes[] No[X]

28.04 If yes, give full and complete information relating thereto:

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason
.....

28.05 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration Depository Number(s)	Name	Address
.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])?

Yes[] No[X]

29.2 If yes, complete the following schedule:

1	2	3
CUSIP #	Name of Mutual Fund	Book/Adjusted Carrying Value
29.2999 Total

29.3 For each mutual fund listed in the table above, complete the following schedule:

GENERAL INTERROGATORIES (Continued)

1	2	3	4
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds			
30.2 Preferred stocks			
30.3 Totals			

30.4 Describe the sources or methods utilized in determining the fair values

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes[] No[X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes[] No[] N/A[X]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes[X] No[]

32.2 If no, list exceptions:

OTHER

33.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any?

\$..... 1,384

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1	2
Name	Amount Paid
KC Consulting .....	..... 1,384

34.1 Amount of payments for legal expenses, if any?

\$..... 230,621

34.2 List the name of the firm and the amount paid if any such payments represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1	2
Name	Amount Paid
Reed Smith, LLP .....	..... 98,512

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any?

\$..... 0

35.2 List the name of firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1	2
Name	Amount Paid
.....

GENERAL INTERROGATORIES (Continued)

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes[] No[X]

1.2 If yes, indicate premium earned on U.S. business only:

\$ 0

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$ 0

1.31 Reason for excluding:

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.

\$ 0

1.5 Indicate total incurred claims on all Medicare Supplement insurance.

\$ 0

1.6 Individual policies - Most current three years:

1.61 TOTAL Premium earned

\$ 0

1.62 TOTAL Incurred claims

\$ 0

1.63 Number of covered lives

..... 0

All years prior to most current three years:

1.64 TOTAL Premium earned

\$ 0

1.65 TOTAL Incurred claims

\$ 0

1.66 Number of covered lives

..... 0

1.7 Group policies - Most current three years:

1.71 TOTAL Premium earned

\$ 0

1.72 TOTAL Incurred claims

\$ 0

1.73 Number of covered lives

..... 0

All years prior to most current three years:

1.74 TOTAL Premium earned

\$ 0

1.75 TOTAL Incurred claims

\$ 0

1.76 Number of covered lives

..... 0

2. Health Test

		1	2
		Current Year	Prior Year
2.1	Premium Numerator .....	..... 131,563,762	..... 119,092,512
2.2	Premium Denominator .....	..... 131,563,782	..... 119,092,512
2.3	Premium Ratio (2.1 / 2.2) .....	..... 1.000	..... 1.000
2.4	Reserve Numerator .....	..... 20,983,802	..... 11,981,448
2.5	Reserve Denominator .....	..... 21,448,292	..... 11,981,448
2.6	Reserve Ratio (2.4 / 2.5) .....	..... 0.978	..... 1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes[] No[X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes[X] No[]

4.2 If not previously filed furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes[] No[] N/A[X]

5.1 Does the reporting entity have stop-loss reinsurance?

Yes[X] No[]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions):

5.31 Comprehensive Medical

\$ 545,000

5.32 Medical Only

\$ 0

5.33 Medicare Supplement

\$ 0

5.34 Dental & Vision

\$ 0

5.35 Other Limited Benefit Plan

\$ 0

5.36 Other

\$ 0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

Provider agreements contain hold-harmless provisions. The Company also has insolvency protection in its stop loss reinsurance contract.

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes[X] No[]

7.2 If no, give details:

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year

..... 2,503

8.2 Number of providers at end of reporting year

..... 2,581

9.1 Does the reporting entity have business subject to premium rate guarantees?

Yes[] No[X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months

..... 0

9.22 Business with rate guarantees over 36 months

..... 0

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes[] No[X]

10.2 If yes:

10.21 Maximum amount payable bonuses

\$ 0

10.22 Amount actually paid for year bonuses

\$ 0

10.23 Maximum amount payable withholds

\$ 0

10.24 Amount actually paid for year withholds

\$ 0

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,

Yes[] No[X]

11.13 An Individual Practice Association (IPA), or,

Yes[] No[X]

11.14 A Mixed Model (combination of above)?

Yes[X] No[]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

Yes[X] No[]

11.3 If yes, show the name of the state requiring such minimum capital and surplus.

District of Columbia

11.4 If yes, show the amount required.

\$ 4,130,310

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

Yes[] No[X]

11.6 If the amount is calculated, show the calculation.

Per DC Code § 31-3412 (a)(2) " . . . every health maintenance organization most maintain a minimum net worth equal to the greater of: (A) \$1,000,000; ...(D) 8% of health care expenditures (\$9,237,002 x 8%=\$738,960) plus 4% of annual hospital expenditures (\$84,783,750 x 4% = \$3,391,350). Total \$4,130,310

12. List service areas in which the reporting entity is licensed to operate:

1
Name of Service Area
District of Columbia

13.1 Do you act as a custodian for health savings accounts?

Yes[] No[X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date:

\$ 0

13.3 Do you act as an administrator for health savings accounts?

Yes[] No[X]

13.4 If yes, please provide the balance of the funds administered as of the reporting date:

\$ 0

GENERAL INTERROGATORIES (Continued)

14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers?

14.2 If the answer to 14.1 is yes, please provide the following:

Yes[] No[] N/A[X]

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded)

15.1 Direct Premium Written\$ 0

15.2 Total incurred claims\$ 0

15.2 Number of covered lives0

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without Secondary Guarantee)
Universal Life (with or without Secondary Guarantee)
Variable Universal Life (with or without Secondary Guarantee)

FIVE-YEAR HISTORICAL DATA

	1 2015	2 2014	3 2013	4 2012	5 2011
BALANCE SHEET (Pages 2 and 3)					
1. TOTAL Admitted Assets (Page 2, Line 28)	39,847,361	25,974,362	12,709,040	1,540,253	
2. TOTAL Liabilities (Page 3, Line 24)	27,565,199	17,289,813	9,223,757		
3. Statutory minimum capital and surplus requirement	4,130,310	2,394,851	1,015,739		
4. TOTAL Capital and Surplus (Page 3, Line 33)	12,282,162	8,684,549	3,485,284	1,540,253	
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)	131,563,782	119,092,512	50,503,059		
6. TOTAL Medical and Hospital Expenses (Line 18)	104,011,852	97,806,126	45,129,102		
7. Claims adjustment expenses (Line 20)	6,301,366	4,852,563	1,723,403		
8. TOTAL Administrative Expenses (Line 21)	14,235,571	12,110,183	3,872,788		
9. Net underwriting gain (loss) (Line 24)	7,014,993	4,323,640	(222,234)		
10. Net investment gain (loss) (Line 27)	4,394	2,253	(1,335)		
11. TOTAL Other Income (Lines 28 plus 29)		(25,450)			
12. Net income or (loss) (Line 32)	4,328,083	3,000,611	(223,569)		
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	16,670,860	8,284,081	7,758,380		
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	12,282,162	8,684,549	4,702,092		
15. Authorized control level risk-based capital	4,393,624	4,181,196	2,248,679		
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	31,326	31,044	26,710		
17. TOTAL Members Months (Column 6, Line 7)	365,118	350,497	162,210		
OPERATING PERCENTAGE (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19)	79.1	82.1	89.4		
20. Cost containment expenses	2.6	1.9	1.8		
21. Other claims adjustment expenses	2.2	2.2	1.6		
22. TOTAL Underwriting Deductions (Line 23)	94.7	96.4	100.4		
23. TOTAL Underwriting Gain (Loss) (Line 24)	5.3	3.6	(0.4)		
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5)	14,043,754	11,854,756			
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)]	11,775,727	7,685,286			
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. TOTAL of Above Lines 26 to 31					
33. TOTAL Investment in Parent Included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes[] No[] N/A[X]

If no, please explain::

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS
ALLOCATED BY STATES AND TERRITORIES

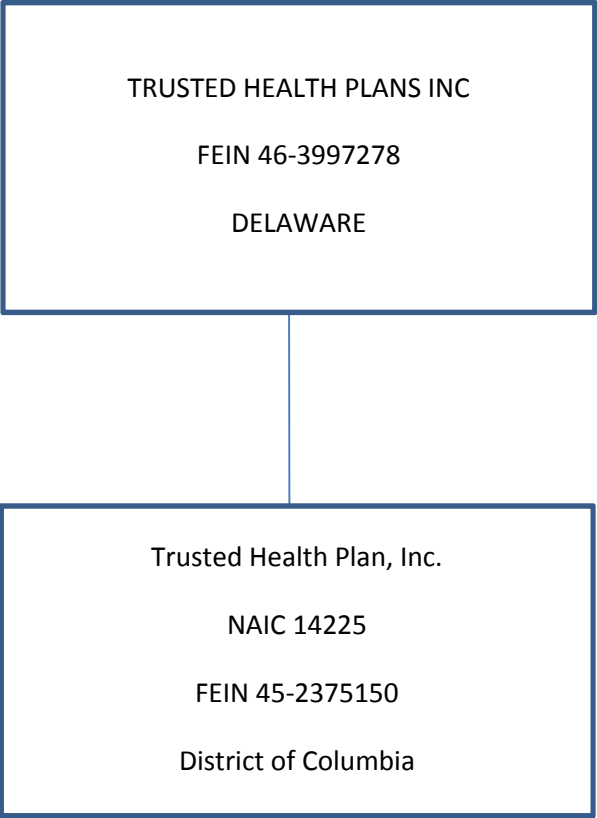
		1	Direct Business Only							
			2	3	4	5	6	7	8	9
State, Etc.		Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit - Type Contracts
1.	Alabama (AL)	N								
2.	Alaska (AK)	N								
3.	Arizona (AZ)	N								
4.	Arkansas (AR)	N								
5.	California (CA)	N								
6.	Colorado (CO)	N								
7.	Connecticut (CT)	N								
8.	Delaware (DE)	N								
9.	District of Columbia (DC)	L	9,034,445		123,049,709				132,084,154	
10.	Florida (FL)	N								
11.	Georgia (GA)	N								
12.	Hawaii (HI)	N								
13.	Idaho (ID)	N								
14.	Illinois (IL)	N								
15.	Indiana (IN)	N								
16.	Iowa (IA)	N								
17.	Kansas (KS)	N								
18.	Kentucky (KY)	N								
19.	Louisiana (LA)	N								
20.	Maine (ME)	N								
21.	Maryland (MD)	N								
22.	Massachusetts (MA)	N								
23.	Michigan (MI)	N								
24.	Minnesota (MN)	N								
25.	Mississippi (MS)	N								
26.	Missouri (MO)	N								
27.	Montana (MT)	N								
28.	Nebraska (NE)	N								
29.	Nevada (NV)	N								
30.	New Hampshire (NH)	N								
31.	New Jersey (NJ)	N								
32.	New Mexico (NM)	N								
33.	New York (NY)	N								
34.	North Carolina (NC)	N								
35.	North Dakota (ND)	N								
36.	Ohio (OH)	N								
37.	Oklahoma (OK)	N								
38.	Oregon (OR)	N								
39.	Pennsylvania (PA)	N								
40.	Rhode Island (RI)	N								
41.	South Carolina (SC)	N								
42.	South Dakota (SD)	N								
43.	Tennessee (TN)	N								
44.	Texas (TX)	N								
45.	Utah (UT)	N								
46.	Vermont (VT)	N								
47.	Virginia (VA)	N								
48.	Washington (WA)	N								
49.	West Virginia (WV)	N								
50.	Wisconsin (WI)	N								
51.	Wyoming (WY)	N								
52.	American Samoa (AS)	N								
53.	Guam (GU)	N								
54.	Puerto Rico (PR)	N								
55.	U.S. Virgin Islands (VI)	N								
56.	Northern Mariana Islands (MP)	N								
57.	Canada (CAN)	N								
58.	Aggregate other alien (OT)	X X X								
59.	Subtotal	X X X	9,034,445		123,049,709				132,084,154	
60.	Reporting entity contributions for Employee Benefit Plans	X X X								
61.	TOTAL (Direct Business)	(a)... 1	9,034,445		123,049,709				132,084,154	

DETAILS OF WRITE-INS										
58001.	X X X									
58002.	X X X									
58003.	X X X									
58998.Summary of remaining write-ins for Line 58 from overflow page	X X X									
58999.TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X									

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.
Explanation of basis of allocation of premiums by states, etc.: Situs of the contract

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



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